

Case Number:	CM13-0030374		
Date Assigned:	11/27/2013	Date of Injury:	04/27/2010
Decision Date:	03/31/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient reported an injury on 04/27/2010. The mechanism of injury was not specifically stated. The patient is diagnosed with chronic lumbalgia with pain in the right lower extremity, right knee pain, possible right sacroilitis, depression and anxiety, and opioid dependence. The patient was seen by [REDACTED] on 07/30/2013. The patient reported 5-6/10 pain with medication. Physical examination revealed diffuse tenderness to palpation with decreased range of motion of the lumbar spine as well as tenderness to palpation overlying the right sacroiliac joint and positive Faber testing. Treatment recommendations included authorization for a right sacroiliac injection under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

right sacroiliac injection under fluoroscopic guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip/Pelvis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis Chapter, Sacroiliac Joint Blocks.

Decision rationale: Official Disability Guidelines state history and physical should suggest a diagnosis with documentation of at least 3 positive examination findings. As per the

documentation submitted, there is no evidence of a failure to respond to 4 to 6 weeks of aggressive conservative therapy, including physical therapy, home exercise, and medication management. There is also no documentation of at least 3 positive examination findings. Based on the clinical information received the patient does not currently meet criteria for the requested procedure. As such, the request is non-certified.